STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:			
390304		390304		B. WING:		06/21/2023			
ROXBORG	VIDER OR SUPPLIER: DUGH MEMORIAL HOSP E NUMBER: 910401	PITAL	STREET ADDRESS, CITY, STATE, ZIP CODE: 5800 RIDGE AVENUE PHILADELPHIA, PA 19128						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI					(X5) COMPLETE DATE			
P 0000	This report is the result Services, Chapter 5100 Act Survey conducted Roxborough Memorial Health Unit. It was de in compliance with the Pennsylvania Departm Regulations for Hospit Subparts A and B, Nov June 1998.	cedures chavioral cility was s and t IV,	P 0000						
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	1	TITLE:	(X6) DATE:			

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Pennsylvania Department of Health

PLAN OF CORRECTION (POC) 390304 NAME OF PROVIDER OR SUPPLIER: ROXBOROUGH MEMORIAL HOSPITAL			:			(X3) DATE SURVEY COMPLETED: 06/21/2023	
STATE LICENSE NUMBER: 910401							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
P 0000	This report is the result of a Department of Human Services, Chapter 5100 Mental Health Procedures Act Survey conducted on June 21, 2023, at Roxborough Memorial Hospital-Senior Behavioral Health Unit. It was determined the facility was in compliance with requirements of the Chapter 5100 Mental Health regulations.			P 0000			

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Certified End Page

ROXBOROUGH MEMORIAL HOSPITAL

STATE LICENSE NUMBER: 910401 SURVEY EXIT DATE: 06/21/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY